



APPROVED MEETING MINUTES
Home Health, Home Services and Home Nursing Advisory Board Meeting
April, 11, 2018 - 10:30 a.m. – 12:30 p.m.
Video conference locations:
525 W. Jefferson, 4th Floor, Springfield
122 S. Michigan Ave, 7th Floor, Room 711, Chicago
#22 Kettle Drive, Edwardsville
2309 W. Main St., Marion
Bellwood location not available

Call to Order

Members Present: Teresa Garcia-Fitzgerald, Chair, Sheila McMackin, Tina Moore, Aishling Dalton-Kelly, Shawna O'Dell, Cathleen Carlson, Michael Melinger, Jeffrey Workman, and Visitacion Gozo (Hicks)

Members not present: None

Guests/Department Staff: Karen Senger, Kendra Fabish, Elaine Huddleston, Jack Fleeharty, Siji Varghese, Edward Pitts, Sean Dailey, Jack Kreger, Rowena Oliva, Cathleen Cross, Frank Shannon, Julie Naggs, Jamie Farias, Michael Kernan, Katie Fielmann, Fritzie Teehan, Lorie Catrambone, Jason Speaks, Kathanne Eastvold, Gaye Aaberg, Debi Calhoon, Kayla Betjeman, and Karen Stephenson

Introduction of Committee Members and Guests

Teresa Garcia-Fitzgerald, Chair called the meeting to order at 10:37 am with an introduction of Board Members and Guests, and a quorum was established at this time.

Approval of Draft Minutes for January 11, 2017 meeting and Unofficial Meeting Minutes from the October 11, 2017 Meeting

The draft minutes of the January 11, 2017 meeting and review of the Unofficial Meeting Minutes from the October 11, 2017 meeting was presented to the Board for their review and comments. A motion was made to approve the minutes, 2nd and unanimously approved as presented.

OLD BUSINESS

Telehealth Devices

Karen Senger presented this information to the Board on the topic of Telehealth Devices and their usage in the Home Care Setting. Board members were given a copy of a survey that was conducted to gather information on what and how this device is being used in the Health Care Setting. Karen Senger gave a brief over review on some responses received to the survey findings. The findings reported from this survey was received from forty-three (43) Home Health Agencies that responded with no Home Services Agencies responding to this survey.

The Board had a brief discussion over a few findings from this survey conducted on the usage of Telehealth devices by Health Care workers and non-medical assistance in the Health Care settings. Some of the Board members concerns were shared as follows:

1. Some Home Services Agencies uses different types of electronic records in care plan duties;
 - a. Include telehealth devices as part of electronic record management, and
 - b. Documentation of patient care.
2. What happens with the information/data collected;
 - a. Who collects the information/data;
 - b. What is done with the information/data when collected;
 - c. Who interprets the device/monitor, and
 - i. skilled services or qualified clinicians
 - d. Measure vs who gets information parameter;
3. Clarify contacts vs other Medical services on who can gather information/data;
 - a. Technicians - use as medication reminder
 - b. Private duty Health Care workers
 - c. Reduces re-admission/hospitalization
 - d. Advocates who collects data; family members
4. Different types of devices/monitors/reminders out on the market today
 - a. Utilizing purchase devices such as “Alexis”

Chair, Theresa Fitzgerald commented that the telehealth device does not fall under the Home Service program as they are non-medical. Agreed with that the rules need to define the scope of practices for licensing services. Home Service workers are used to remind clients/patients of medications, assist patients putting on cuff, assist with other tasks, and address vitals outside normal parameters.

Karen Senger commented that electronic medical records is another issue, and will cover this topic at another time. Karen Senger commented that she will need to look at the services that are covered under the rules and will draft something and bring back to the Board.

The Board agreed that there needs to be further clarification on telehealth devices and their usage in the Home Care Setting by Home Care Service Workers and non-medical assistance to be added to the regulations.

Alzheimer’s disease and Related Dementias Services Act (Alzheimer’s Public Act 099-0822)

Karen Senger presented this information to the Board for review and discussion. Board members were provided a copy of Alzheimer’s Public Act 099-0822, written by the Alzheimer’s Association concerning development of regulations in compliance with this proposed Act. Karen Senger commented that the Alzheimer’s Association is still working on the proposed Act.

It was previously suggested to bring back to the Board after the Department has further details with the development of the non-medical rules. Karen Senger commented that she did not bring the proposed rules as they are still being drafted. This Act is in relationship with all three license types regulated under the Department rules for Home Health, Home Services, and Home Nursing Facilities with the biggest concern being with Home Services. The guidelines of the Act covers services that are being provided to clients with Alzheimer’s disease and related dementias to make sure that employees/staff meet the criteria to oversee/manage the care of these patients.

A recommendation was made to try and develop some kind of mandatory training across the board for facility types that accept, manage and care for Alzheimer disease and related dementia patients/clients. It was suggested that the mandatory training should be presented by a program director/staff that is responsible for facility training, have some kind of formal training themselves under a National level and training is not just based on non-clinical worker experience only.

Karen Senger opened up for discussion.

The Board shared some questions and concerns on this topic:

1. Memory Care Units;

- a. Units are Assisted Living, and
- b. under LTC regulations
- 2. Qualifications of a program Director;
 - a. Need to be an RN?
 - b. Home Services – no RN
 - i. Non-clinical Employees; need some kind of formal training
 - c. Concern with RN; no extra skills;
 - i. Not kept up with new ideas/theories/concepts
 - ii. No experience in care of Alzheimer/dementia patients
- 3. Important regulation needed;
 - a. Raise the bar in the industry; need of training
 - b. Advertise you provide care/services for patients/clients with Alzheimer/Dementia
- 4. Taking care of Alzheimer patients;
 - a. need proof /confirmation of what you are doing; knowledge/experience;
 - b. professional training; certification of training;
 - c. Issue Certification of training;
 - d. Specialize level of care; need of care;
 - e. Protect the patient/client, and
 - f. Public/Consumers have a voice in level of care
- 5. Cost of training program; National Organization;
 - a. Range to decrease financial burden; overall cost of training
 - b. Find training programs; range of cost
 - c. Financial Funding Sources help support cost of training
 - i. Franchise cost;
 - ii. pay thru royalties;
 - iii. number of Franchises in industry
- 6. Need clarification of clinical medical diagnosis
 - a. Client medically diagnosed with Dementia/Alzheimer’s illness
 - b. Client presented with signs/symptoms; unrelated due to other illnesses
 - c. Different care based on diagnosis/illness
 - d. Significant changes in condition of client
- 7. Met with Alzheimer Association
 - a. Unaware of Act or in its works of;
 - b. Unknown knowledge about the meetings, and
 - c. No invitation to attend the meetings

Karen Senger suggested that the Board form a Sub Committee to look at and address a few issues commented on this topic and bring back to the Board;

- 1. Patients/Clients not receive proper diagnosis
- 2. Example of a training curriculum/session
- 3. Open up trainings to Board members

Chair, Theresa Garcia-Fitzgerald asked for volunteers to form a Sub Committee. Board Member, Sheila McMackin volunteered to serve on this Sub Committee. Chair, Theresa Garcia-Fitzgerald nominated/recommended Michael Melinger and Aishling Kelly as members due to their experience and knowledge about the program. Karen Senger will send out an invite to set up the Sub Committee.

Board expressed no other questions or comments.

NEW BUSINESS

Home Health Medicare Moratorium {Exhibit 4}

Karen Senger presented this section to the Board that covered the extension and expansion of the Provider Enrollment Home Health Agency (HHA) moratoria. Board Members were given a copy of the Federal Register/Vol.83, No. 20/Tuesday, January 30, 2018/ Rules and Regulations for informational purposes.

Medicare CMS has extended and expanded the temporary HHA moratoria on enrollment of new Medicare HHA's and branch locations to cover state-wide for the following states: Illinois (IL), Florida (FL), Michigan (MI), Texas (TX), Pennsylvania (PA) and New Jersey (NJ) for another six months beginning January 1 through July 31, 2018.

No new enrollee's or Initial HHA Medicare Surveys may be conducted, and all activities on Initial certification and branch office expansion in Illinois may not be conducted during this time frame with an option to extend the temporary moratoria for another additional six months. However, Home Health Agency owners can appeal this ruling based on a shortage in their particular area of service.

Board expressed no other questions or comments.

Draft changes to Adm. Code 245 of Home Health (Due to Medicare new COP and Public Acts)

Karen Senger presented this section to the board on the draft 1st round of changes to the entire set of draft rules due to Medicare new COP and cleaned up copies of other Public Act Section for questions and comments. A copy of the proposed changes and revised 77 Illinois Administrative Code 245 was handed out to the Board Members for informational purposes and copies of several Public Acts with changes noted for questions and comments.

The following Sections of the Rules were addressed:

1. **Section 245.20 Definitions**
 - a. Revised definition of requirements for a Home Health Agency Administrator's qualification that meet Medicare guidance; other minor changes/deletions of language
2. **Section 245.25. Incorporated and Referenced Materials**
 - a. Clean up language to reference rules and reference material
3. **Section 245.30 Organization and Administration**
 - a. Letter d) - Removal of this section on Professional Advisory Group; Medicare eliminated this section as a criteria of medical advisory group;
4. **Section 245.49 Staffing Staff Responsibilities**
 - a. Letter b) 3) Home Health Aide – Medicare changed/expand Supervisor on-site visit area; Supervisor conduct on-site visit to assess the aide no later than the next supervisory visit if identify concerns; make an annual on-site visit; assess aide demonstrating competency with assigned tasks; changes more detailed for Home Health and not for HS/HN supervisor visits for non-medical care.
5. **Section 245.70 Home Health Aide Training**
 - a. Letter d) – language was added as a state mandate that Home Health Aide or Nurse Aide (CNA) have a period of 24 months of continuous service after receiving certification under the direction of a Registered nurse (RN).
 - b. Key factor to this section is for Home Services; a CNA works/employed as a Home Service Worker at a Home Service Facility; Home Health Aide/CNA employee is not working under the direction of a RN; loses certification as a Home Health Aide or CNA due to lack of 24 months of continuous employment under a RN.
6. **Section 245.71 Qualifications and Requirements for Home Services Workers**
 - a. Letter c) – verbiage was added that Home Service Worker (HSWR) has had formal training within a prior year; home service agency/employer is required to conduct a competency evaluation prior to first assignment
 - b. Board had no problem with language addition or comments with this section.
7. **Section 245.75 Infection Control**

- a. Letter c) – section added due to Medicare’s new COP changes; home health agency must setup, maintain and document an infection control program as part of the agency’s quality assessment and performance improvement (QAPI) program;
 - b. Must provide infection control education to staff, patients, and caregivers(s);
 - c. These changes do not effect Home Service and Home Nursing; only for Home Health Agencies
- 8. Section 245.90 License Application**
- a. This section pertains to all entities
 - b. Letter a) 3) B) – addition of language that deals with the amount of ownership, organization and governing structure of the agency;
 - i. Names and addresses of all persons who own 5% of the facility;
 - ii. List of the name and address of each of its corporate officers;
 - iii. List of the name and address of each of its shareholder holding more than 5% of shares;
 - iv. Supply information for a CHOW Application
 - v. Identify an individual/person no longer with the agency
 - c. Letter I) and Letter b) 3) – language was added for application to include;
 - i. provide information regarding any convictions of applicant/members;
 - ii. Names and address of owners;
 - iii. List all license types, and
 - iv. Person designated to manage or supervise the facility
 - d. Board members expressed some comments to this section
 - i. Home Health Facility benefit from addition to this section due to the moratoria in place;
 - ii. Wonderful level of consumer protection
- 9. Section 245.200 Services – Home Health**
- a. Letter d) 1) - Language added to include all entities;
 - b. Patient acceptance and discharged cannot be discharged to a non-licensed entity as defined in the rules;
 - i. Hospital
 - ii. LTC
 - iii. Home Health
 - iv. Home Services,
 - v. Home nursing
 - c. Board questioned unlicensed entities over the internet for placement/facility(i.e., cyber link organization not in Illinois);
 - d. Karen Senger commented unlicensed entity does not fall under rules; facility is not on list of licensed entity; cannot refer to provider/Agency not licensed under the Act;
 - e. Board recommended;
 - i. add word “entity” in addition to Agency
 - ii. add terminology “resources” to the language
 - f. Karen Senger will talk to legal to change wording to add “entity and resources” to get idea across.
 - g. Letter f) – clean up language to mirror Medicare changes from “62 day to “60 days;
 - h. Letter h) 1) M) & N) – add language changes to mirror new Medicare Requirements
 - i. Letter j – add language change to mirror new Medicare requirements on agency development and evaluate data-driven QAPI program; language to include Home Services
 - i. Language/verbiage added on referrals of all agency types;
 - ii. Question raised on verbiage change of transfer information within number of business days; patient transferred to Hospital or Home Health Agency; struggle with “62 business days”.
 - j. Karen Senger will address 2 business days; add same verbiage on referrals to all agency types
- 10. Section 245.240 Quality Improvement Program**

- a. Letter a) – language to specify certain Agency types that covers development of quality improvement program (QIP); mainly covers Home Health; minor covers Home Services

Board had some concerns and questions to the changes discussed to the verbiage/language to the Rules. Did not vote on at this time, will bring back to the Board for more formal vote after review/cleanup from Legal and governor's office.

Public Act 100-099 Referrals from Hospital for Home Care

Karen Senger presented this section to the Board on the recent amendments to the Home Health, Home Services, and Home Nursing Act on Hospital and Nursing Home referrals that must go to a Licensed Home Care Agencies. Board members were given a copy of the full text of Public Act 100-099, and a handout from Home Care Association of America (HCAOA) for informational purposes. The HH/HS HN Agency License Act was amended on 8/11/17 that requires Home Care facilities and providers to refer patients or their families only to agencies licensed under the HH/HS & HN Act effective January 1, 2018.

Public Act 100-0432 Health Care Worker Registry

Karen Senger presented this Section on Public Act 100.0432 Health Care Worker Registry (HCWR) to the Board that covers the statutory language changes on Health Care Worker. The new statutory language will include Health Care employees of all branches of the Health Care industry, and not just of Nursing Homes who provide direct care of clients/patients/residents to identify abuse, neglect and financial exploitation. These changes will be better for the Health Care Industry to help protect clients/residents against Health Care Workers that have alleged abuse, neglect and financial exploitation to not be qualified to work in the Health Care Industry.

The rules are in their final process of 1st notice and will then be presented to legal for review and comments. Karen Senger commented the proposed rule changes to Section 245-99 of the HCWR background Code are being made to help protect the client/patients and the industry.

Kendra Fabish shared the web site to the IDPH- HCWR Section database that is now up and running. The Website covers questions/answers on CNAs, waiver process, and general fingerprint process. The information on this website site is easy to navigate, understand and explains the process for the HCWR industry.

Board expressed no other questions or comments.

Public Act 100-0513 Changes to Nurse Practice Act

Karen Senger presented this Section of Public Act 100-0513 to the Board on the statutory language changes that are to be made to the Nurse Practice Act for their review. IDFPR is still working on development of rules to this Act. The Department did not take action or get involved with development of the IDFPR rule process until 1st comment period.

Chair, Theresa Fitzgerald commented to consider the sunset of the Nursing Practice Act to better understand the community. A recommendation was made to maybe create or use the same work group as with Alzheimer's Association to work with IDFPR on development of the rules. Karen Senger recommended to not to get involve at this time, and she will reach out to Board members to address their concerns and questions to forward to IDFPR. The Department is only a branch of the state, and the Board can address draft rules as an association during public comment period.

Board Member, Shelia McMackin commented last July completed a research project and distributed a white paper to Chapter Members to help prepare them for when these rules are presented. Karen Senger asked if she would be willing to share this document. Karen Senger will then reach out to the contact person at IDFPR, and keep the Board updated on the progress.

Home Health Agency Initial Application Report

Karen Senger presented this information to the Board that covered the status of Home Health Agency Initial applications for 2017, number of HHA licensed only and licensed/certified by each quarter for 2015 and the decrease number in applications and increase in number of Change of Ownership (CHOW) applications from 2010 to 2016 for the Board review.

There has been no Home Health Agency Initial application for 2018 due mostly because of the Moratoria with 45 Agency CHOW application, which identify the biggest factor. There has been a decrease in the Home Health Agency industry due to a lot of closures, licenses waiting for Medicare Certification and Medicare Certification not able to maintain licensure.

No comments were made to this report.

Home Services, Home Nursing, Home Services Placement and Home Nursing Placement Applications Received and Licensed Report

Karen Senger announced Jack Fleearty as the new Section Supervisor over the Home Services and Home Nursing Section as replacement for Kendra Fabish's previous position. Jack Fleearty gave a short presentation about himself and commented he was looking forward to working with the Board at future meetings.

Karen Senger presented this information to the Board that covered the status of Home Services/Home Nursing/Placement (HS/HN/HSP/HNP) Initial applications, number of licensed applications by each quarter ranging from the 2015 through February 2018 for Board review. This section is becoming a growing program, and the Department is current with conducting Surveys due to hiring of new staff.

Board questioned the Departments survey process for conducting surveys for Home Services/Home Nursing facilities. Their facility has experienced several different surveys in the last couple of years by the Department and would like to follow-up on the survey process as there has been a lot of inconsistencies.

Karen Senger commented that the survey process has changed over the years due to new surveyors and increased experience in implementing the program and survey process. Section Supervisor, Jack Fleearty commented that there also is a variance in the survey process due to the timeframe surveyors have been to the facility. This delay in surveying causes a variation between annual routine surveys and complaint surveys.

The Department will need feedback to know specifically what is happening and examples of certain incidents. Board member were asked to submit questions or concerns for review, and the Department will take a look at the survey process.

No comments were made to this report.

OASIS Training Updates

Siji Varghese of IDPH commented on this section in regards to the upcoming OASIS Training. The Department has scheduled another OASIS training in Chicago that will cover OASIS Basics and Updates for Data Collectors to providers scheduled for April 18, 2018 to be held at the James R. Thompson Center (JRTC) located at 100 W. Randolph Street, Room 9034 in Chicago.

The training information and announcement will be posted on the IDPH Calendar of Events and the IDPH-HHA Website with more details. Siji reminded the Board that space is limited and registration is required. The public is encouraged to contact Carol Phillips of the Department to register for this training and space is limited to two persons per facility. Board members were encouraged to spread the word and to contact Siji for any further questions.

Board Membership Update

Karen Senger presented this information on the status of membership(s) and vacancies on the Board. The Board currently has six (6) vacant positions at this time and waiting on Director Approval for two candidate applications for replacement for two of the vacant positions. The Department has reached out to possible candidates, one for Licensed Physician and the other for Institution-Based HHA, but have not received a completed Board Membership application from them as of yet.

Chair, Teresa Garcia-Fitzgerald will reach out again on a nominee for a Licensed Physician candidate to check on the status of his application to serve on the Board.

Karen Senger conducted a brief overview of the past meetings as the board has not had a full board meeting since January 2017 due to mostly lack of meeting a quorum. Karen Senger asked Board members to submit any recommendations to the Department for nominations to help with reaching a full Board membership in order to conduct a meeting.

Mandatory 2018 Board Training

Karen Senger reported that there are now two mandatory trainings that Board Members will need to take this year; 2018 Governor's Ethics Training, and 2018 Sexual Harassment Training.

A review of a few highlights were as follows:

1. 2018 Sexual Harassment and 2018 Ethics Training is required in accordance with Senate Bill 402; required by all Employees, Boards, Councils, and Commissions.
2. Both trainings need to be completed by **May 1, 2018**;
3. Members need to submit the completed training participation forms after reading and reviewing the training packets by **April 16, 2018**;
4. Forward completed participation forms to Elaine Huddleston for further handling of documents to appropriate section, and
5. Board Members were instructed to contact the Department with any further questions on this matter.

Travel Voucher

Board Members were provided a blank travel voucher-mileage expense form (effective: 01/2018). Board members were reminded to complete the current mileage reimbursement form as the mileage rate has changed to 54.5 cents per miles effective January 2018. Board Members were instructed to submit their completed travel expense forms to IDPH staff Elaine Huddleston for processing and to contact her with any further questions or concerns with their travel expense forms.

Meeting Schedule for 2018 and 2019

1. Meeting Schedule for 2018

Karen Senger reviewed the future meeting dates for 2018 that have been established for informational purposes. Board member were reminded to mark their calendars accordingly and plan to attend.

2. Tentative Meeting Schedule for 2019

Member were given a copy of the tentative meeting schedule for 2019. The Department is currently working on scheduling these dates, times, and meeting locations for next year. The Department will work on putting these meeting dates and time on the Outlook Calendar for next year, and members were asked to mark their calendar accordingly and plan to attend.

Next meeting dates:

- a. July, 2018 • 10:30 am (122 S. Michigan Avenue, 7th Floor, Room 711 in Chicago, 525 W. Jefferson Street, 4th Floor in Springfield, #22 Kettle River Drive, Edwardsville, and 2309 W. Main Street in Marion. The Bellwood location is pending confirmation of availability for this meeting).
- b. October 10, 2018 • 10:30 a.m. (122 S. Michigan Avenue, 7th Floor, Room 711 in Chicago, 525 W. Jefferson Street, 4th Floor in Springfield, #22 Kettle River Drive, Edwardsville, and 2309 W. Main Street in Marion. Bellwood location will not be available for this meeting).

Meeting adjourned at 12:20 p.m.